

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Naomi Kvaternick

Filing Date <herewith>

Title: Walker and Tray Combination

Appl Serial No. <unknown/unassigned>

PETITION TO MAKE SPECIAL
M.P.E.P. 708.02(IV), 37 C.F.R. §1.103(c)
Applicant over 65 years of age

COMES NOW, the Applicant, by and through Counsel, and for her Petition to expedite the examination of the above-referenced Application pursuant to M.P.E.P. 708.02(IV) and 37 C.F.R. §1.103(c), states as follows:

1. Applicant is a United States Citizen born currently residing at 7018 West 69th Street in Overland Park, KS 66204.
2. Applicant is over the age of sixty-five years.
3. Applicant was born on September 14, 1915.
4. A true and correct copy of Applicant's Birth Certificate is annexed hereto as Exhibit One.
5. MPEP 708.02 (IV) sets forth, in pertinent part, as follows:

An application may be made special upon filing a petition including any evidence showing that the applicant is 65 years of age, or more, such as a birth certificate or applicant's statement. No fee is required with such a petition.

WHEREFORE, Applicant respectfully requests that the examination of the above-referenced application be expedited by affording it SPECIAL status.

Respectfully Submitted,



David E. Herron II
USPTO Reg. No. 46, 467
P.O. Box 2778
Kansas City, KS 66110
(913) 371-7011
FAX: (913) 233-1600
ATTORNEY FOR APPLICANT

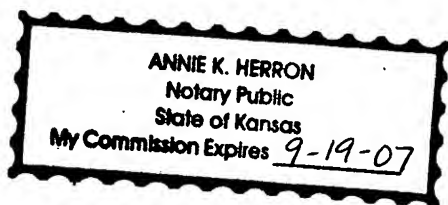
VERIFICATION

STATE OF KANSAS)
)
COUNTY OF JOHNSON) ss.

I, Naomi Kvaternik, have carefully read each and every statement made in the above and foregoing Petition. Under the penalty of perjury, I hereby affirm that each and every statement in said Petition is true and complete to the best of my knowledge and belief.

Naomi Kvaternik
Naomi Kvaternik, affiant

Subscribed and sworn to before me this 24th day of September, 2003.



Annie K. Herron
Notary Public

PLACE OF BIRTH.

STATE OF KANSAS.

2057309

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

County of WyandottTownship of City of Kansas City No. 906 OregonReg. No. 5443Full Name of Child Neoma Hellen Keith

If child is not yet named, make supplemental report, as directed.

Sex of Child <u>Female</u>	Twin, triplet, or other? <u> </u> (To be answered only in event of plural births.)	Number in order of birth. <u> </u>	Legitimate. <u>yes</u>	Date of birth <u>Apr 14</u> 191 <u>5</u> (Month) (Day) (Year)
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FATHER.
Full Name Clarence E KeithResidence 906 Oregon St. K.C. Mo.Color white Age at last birthday 19
(Years)Birthplace Miller Co. Mo.Occupation Common LaborerNumber of children born to this mother, including present birth oneMOTHER.
Full Maiden Name Hellen M. CorriganResidence 906 Oregon St. K.C. Mo.Color white Age at last birthday 18
(Years)Birthplace Wyandott Co. KansasOccupation House wifeNumber of children of this mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive at 6306 M.
on the date above stated. (Born alive or stillborn)

(Signature)

J. H. Roll M.D.

(Physician or midwife)

Address

765 Oregon St. K.C. Mo.Filing date Apr 20 1915

(6-5630)

Registrar

Given name added from supplemental report 191

Registrar

If you there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2003 AUG 21 AM 11:33

Lorne A. Phillips, Ph.D.
State Registrar
Office of Vital Statistics
Department of Health & Environment

A01972099

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

COPY